

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041467

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10767

FILED NOV 7 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived) (If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN E. ST. LOUIS	
Length of stay in b. 22 MINUTES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		d. STREET ADDRESS (If outside, give location) 3918 COOKSON	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JULIUS GARCIA			4. DATE OF DEATH Month Day Year 10/28/63		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/17/23	9. AGE (last birthday) 40	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY School District		11. BIRTHPLACE (City and state or country) E. ST. LOUIS, ILL., U.S.A.	
13a. FATHER'S NAME JOSEPH GARCIA		13b. MOTHER'S MAIDEN NAME PRESENTATION BROWN		14. NAME OF HUSBAND OR WIFE BETTY GARCIA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO.		17. INFORMANT Address BETTY GARCIA (WIDOW) SEE #2	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ADENOCARCINOMA OF STOMACH (LINITIS PLASTICA TYPE) IMMEDIATE CAUSE (a) INVADING ESOPHAGUS, PANCREAS, TRANSVERSE COLON AND PERITONEAL CAVITY DUE TO (b) BRONCHOPNEUMONIA DUE TO (c) 151X		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE VA 9/4/63 10/28/63 10/28/63	
21. Attended the deceased from 10:57 A.M. to 10/28/63 and last saw him alive on 10/28/63 Death occurred at 10:57 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE RODERICK C. HARRIS (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 10/28/63		23. LOCATION (City, town, or county) (State) Belleville, Ill.	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 10-31-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24. FUNERAL DIRECTOR John Kassly, E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. OCT 30 1963	
		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Hassly III

Licensed Embalmer No. 5039

P. O. Address E. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.